

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18958

FILED JUN 22 1955		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2430	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS City		c. LENGTH OF STAY (In this place) 37 yrs		c. CITY OR TOWN KANSAS City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4209 Campbell Street				STREET ADDRESS (If rural, give location) 4209 Campbell Street 360			
3. NAME OF DECEASED (Type or Print) LEWIS		b. (Middle) D		c. (Last) SHAFER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 4, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 21, 1890	
9. AGE (In years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief O.S.D. Clerk		10b. KIND OF BUSINESS OR INDUSTRY Rwy. DUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gilman City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LEWIS D. SHAFER		13b. MOTHER'S MAIDEN NAME JULIA MELZ		14. NAME OF HUSBAND OR WIFE MRS. EDYTHE MAE SHAFER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY 499-09-9894		17. INFORMANT'S SIGNATURE OR NAME Edythe Mae Shaffer			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES. DUE TO (b) Coronary Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks " " years. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January 1, 1945, to June 4, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 6:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Arnold V. Arms (Degree or title) MD				23b. ADDRESS 4635 Wyandotte City, Mo		23c. DATE SIGNED 6/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Int. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS City, Missouri	
DATE REC'D BY LOCAL REG. 6-6-55		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE P.W. NEWCOMERS SONS ADDRESS 12 C. MO. BRUSH BECK BLVD			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Chester K Brown

Licensed Embalmer No. *49*

P. O. Address..... *KE 70*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.